



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 26 Liberty			District: 1236 Chester-Joplin-Inverness El		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
48-1J	2111	Yes	ORAW, JEAN	0.50	_____
48-1J	2114	No	TEMPEL, RONALD E	0.75	_____



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Date			Signature, Chair, Board of Trustees		
County: 26 Liberty			District: 1237 Chester-Joplin-Inverness HS		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
48-2J	2111	Yes	ORAW, JEAN	0.50	_____
48-2J	2112	No	HAWKS, ADRIAN	1.10	_____
48-2J	2113	No	FRASER, CYNDEE	0.60	_____